

# 2011 Military Health System Conference

Results of Three Ongoing  
Beneficiary Surveys

*The Quadruple Aim: Working Together, Achieving Success*

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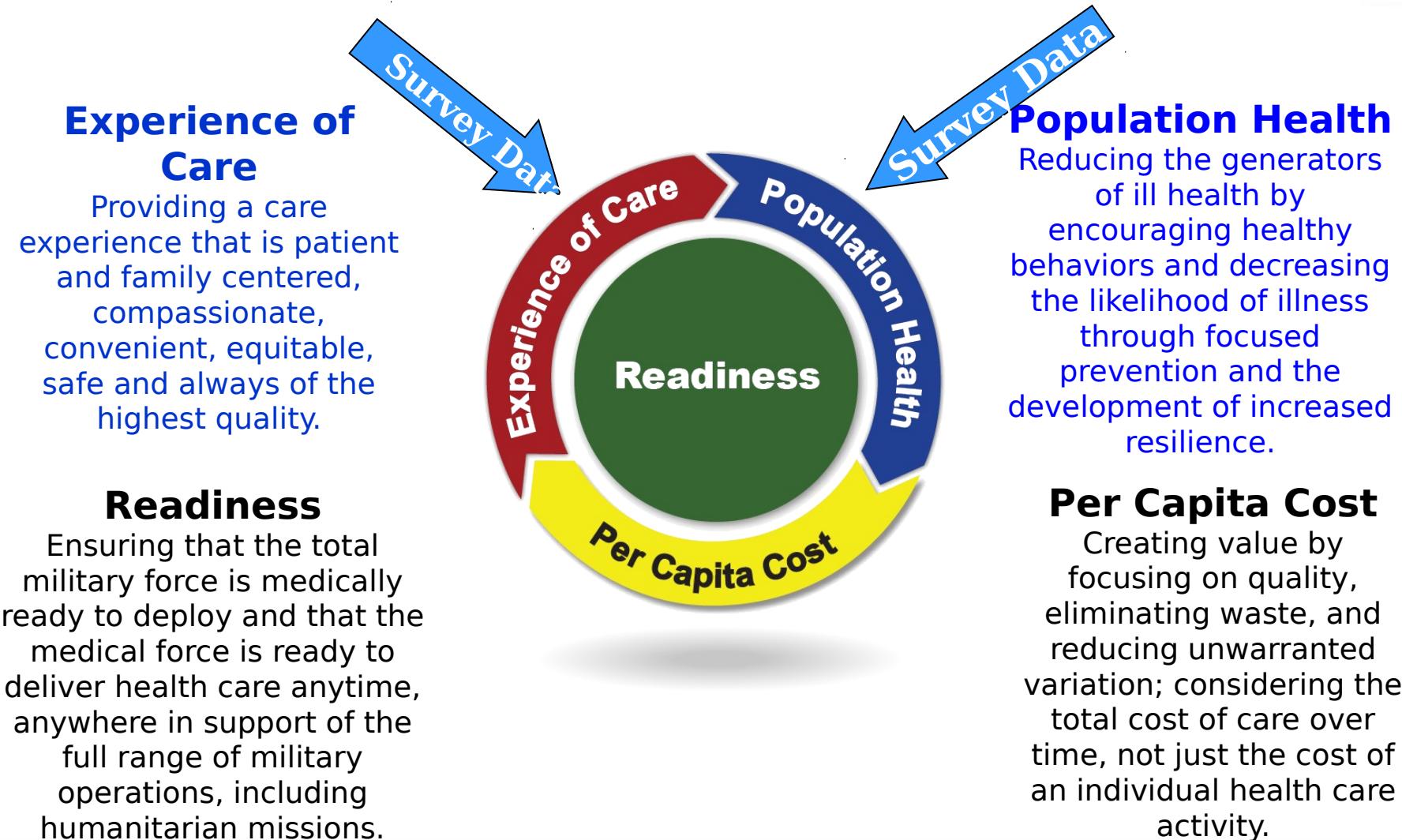
OASD(HA)/TMA-TPOD



# Purpose of This Briefing

- Provide an overview of inpatient, outpatient and plan MHS surveys
  - TRICARE Inpatient Satisfaction Survey
  - TRICARE Outpatient Satisfaction Survey
  - Healthcare Survey of DoD Beneficiaries
- Discuss survey results and key drivers of satisfaction- comparison of all three surveys
- Provide recommendations on ways to improve the patients' healthcare experience throughout the MHS

# The Quadruple Aim: The MHS Value Model



# OASD(HA)/TMA Core Survey Program



- **Event-Based (episode of care) Surveys**
  - Outpatient surveys:
    - TRICARE Outpatient Satisfaction Survey (TROSS)
      - Direct Care & Purchased Care, Over Time, Across Services
  - Inpatient surveys:
    - TRICARE Inpatient Satisfaction Survey (TRISS)
      - Direct Care & Purchased Care, Over Time, Across Services

# OASD(HA)/TMA Core Survey Program



- **Population Surveys**

- Healthcare Survey of DoD Beneficiaries (HCSDB)
  - Direct and Purchased Care; Sample of ALL eligible beneficiaries, MHS users or not.
- DoD Survey of Health Related Behaviors (HRB)
- “Wounded Warrior” surveys: HA/TMA III or Injured survey and Army OTSG Warrior Transition Unit (WTU)
- Survey of Civilian Provider Acceptance of TRICARE Standard

# Health Care Survey of DoD Beneficiaries (HCSDB)



- **Purpose:** Assesses all eligibles (users/nonusers) to measure health care status and access to and satisfaction with care in the MHS.
- **Data:** Percentages are calculated using weighted data. Weighting accounts for sampling method.
- **Frequency:** Quarterly to adults, annually to children
- **Annual Sample Size:** ~51,000 adults per quarter, ~36,000 children
- **Mode:** Mail or online

# Health Care Survey of DoD Beneficiaries (HCSDB)

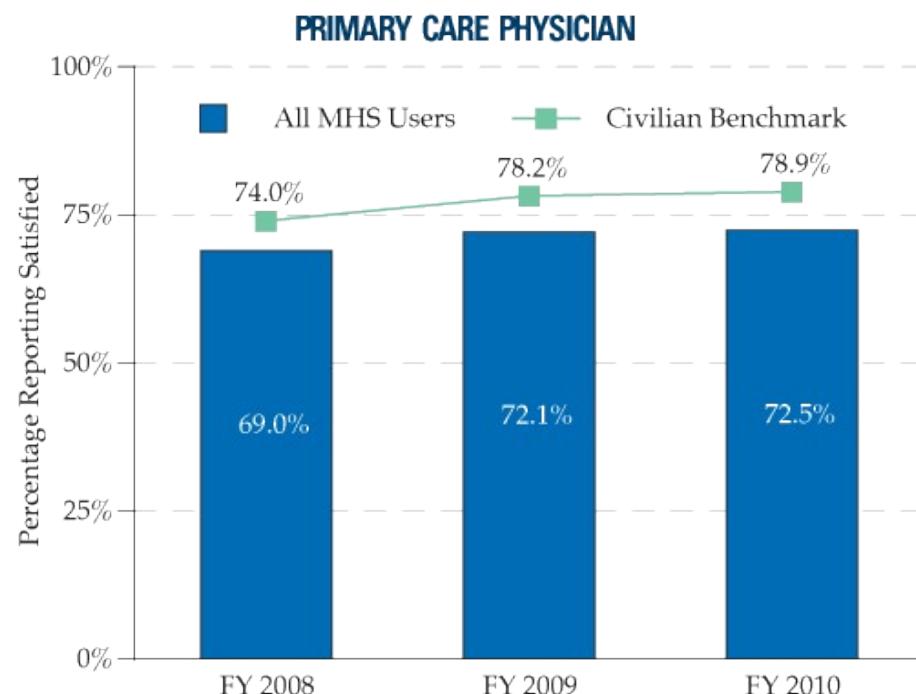
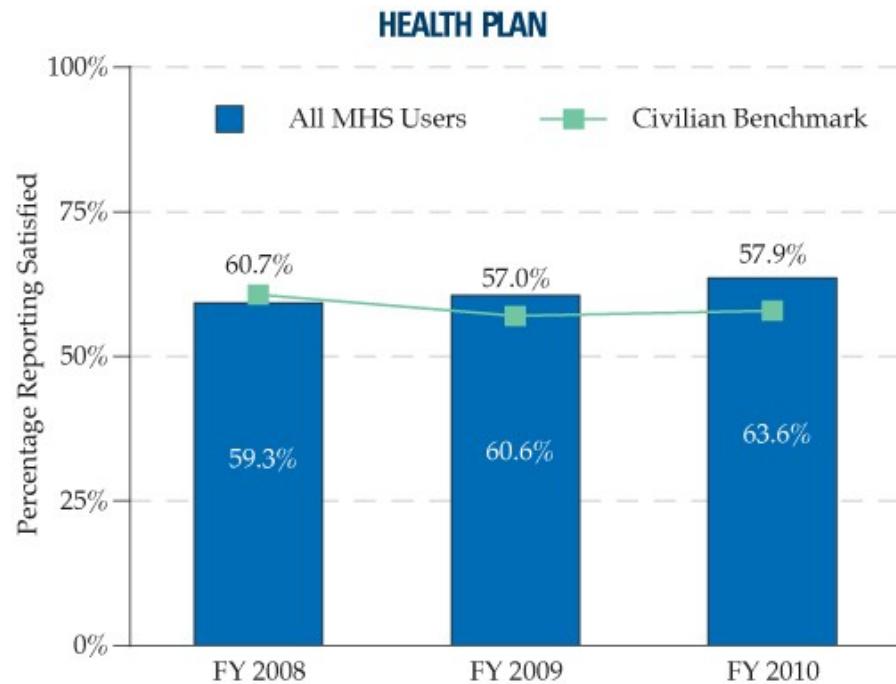


- National benchmark: **Consumer Assessment of Healthcare Providers & Systems (CAHPS)**
- **Key Indicators of Satisfaction**
  - Access, Customer Service, Communication
  - Ratings of doctors, health care, plan
  - Preventive care
- **Special Topics**
  - Other health insurance
  - Unhealthy behavior (tobacco use, obesity, nutrition, exercise), preventive services (flu shots, mammography, colorectal cancer screening)

# Trends in Global Ratings of Key Aspects of the Health Plan



## TRENDS IN SATISFACTION RATINGS OF KEY HEALTH PLAN ASPECTS



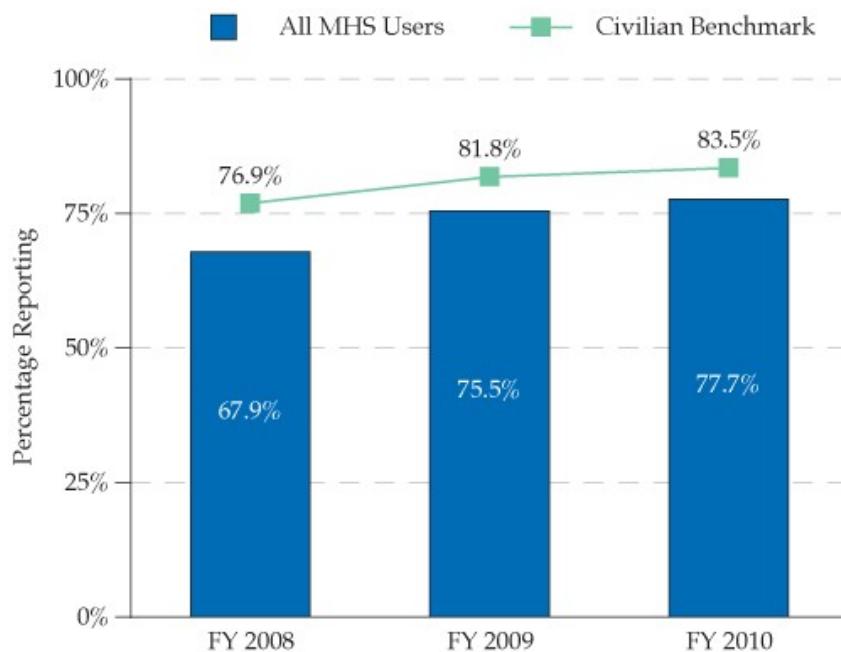
***MHS ratings of global measures increased from FY08 to FY10; lagged Civilian benchmark except for "Health Plan"***

# TRENDS IN MEASURES OF Access for All MHS Users (HCSDB)

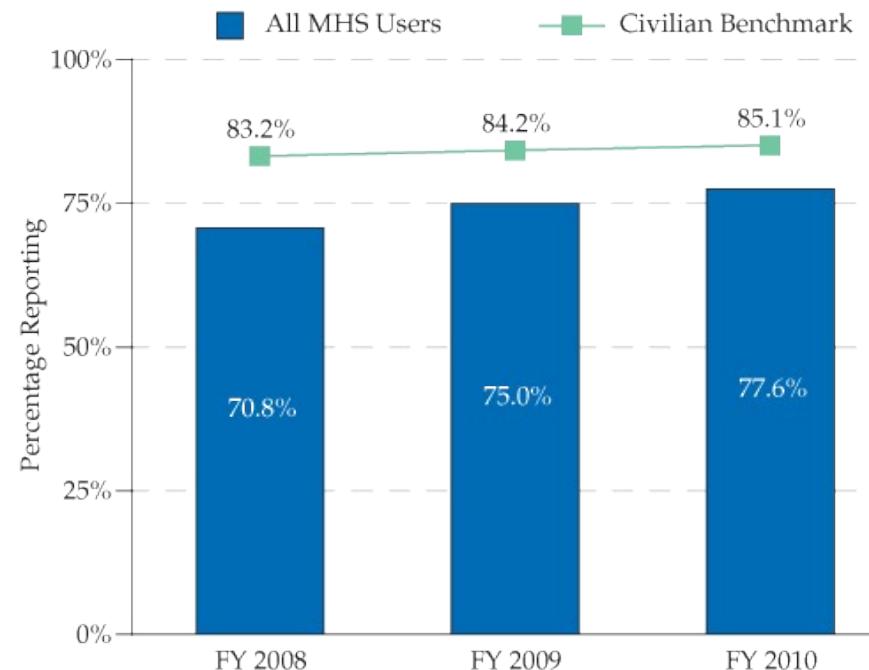


## TRENDS IN MEASURES OF ACCESS FOR ALL MHS BENEFICIARIES (ALL SOURCES OF CARE)

### GETTING NEEDED CARE



### GETTING CARE QUICKLY



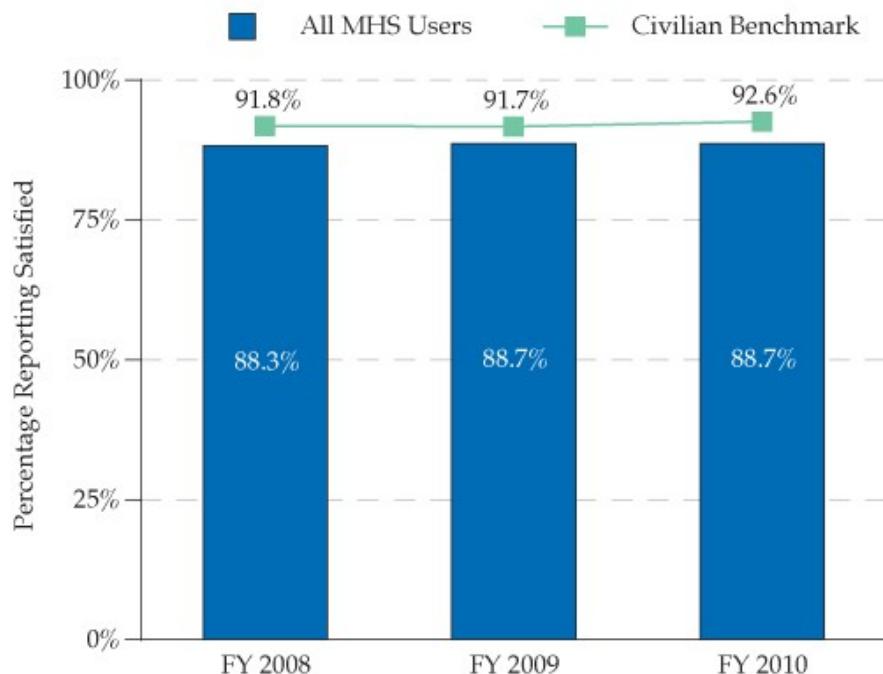
***MHS ratings of key measures of access increased from FY 2008 to FY 2010, but lagged civilian benchmark***

# Trends in Beneficiary Ratings of Doctors' Communications (HCSDB)

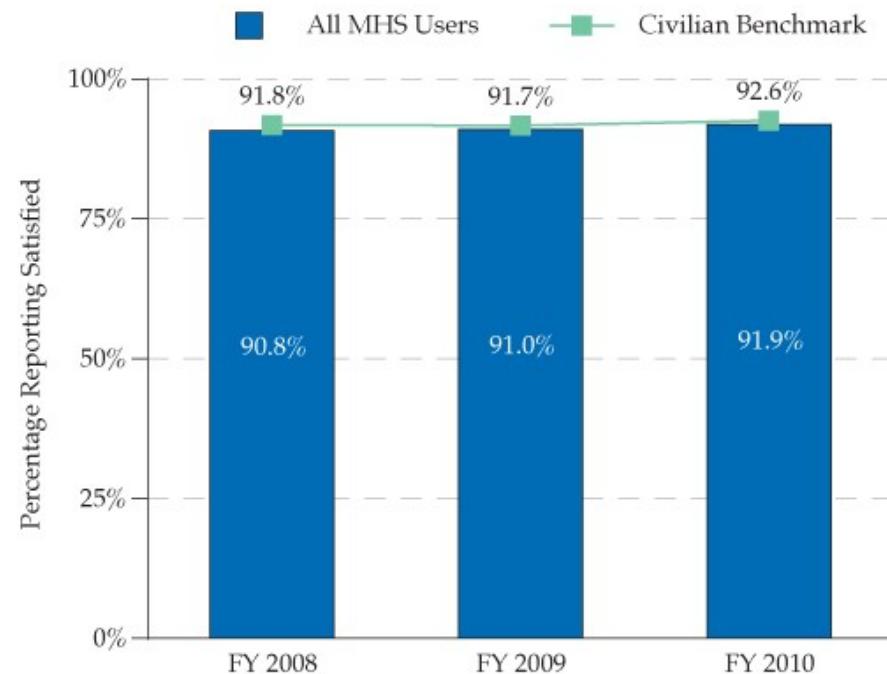


## TRENDS IN SATISFACTION WITH DOCTORS' COMMUNICATION

### PRIME: MILITARY PCM



### PRIME: CIVILIAN PCM



***Beneficiaries rated their doctor's communication equal to or exceeding the civilian benchmark***

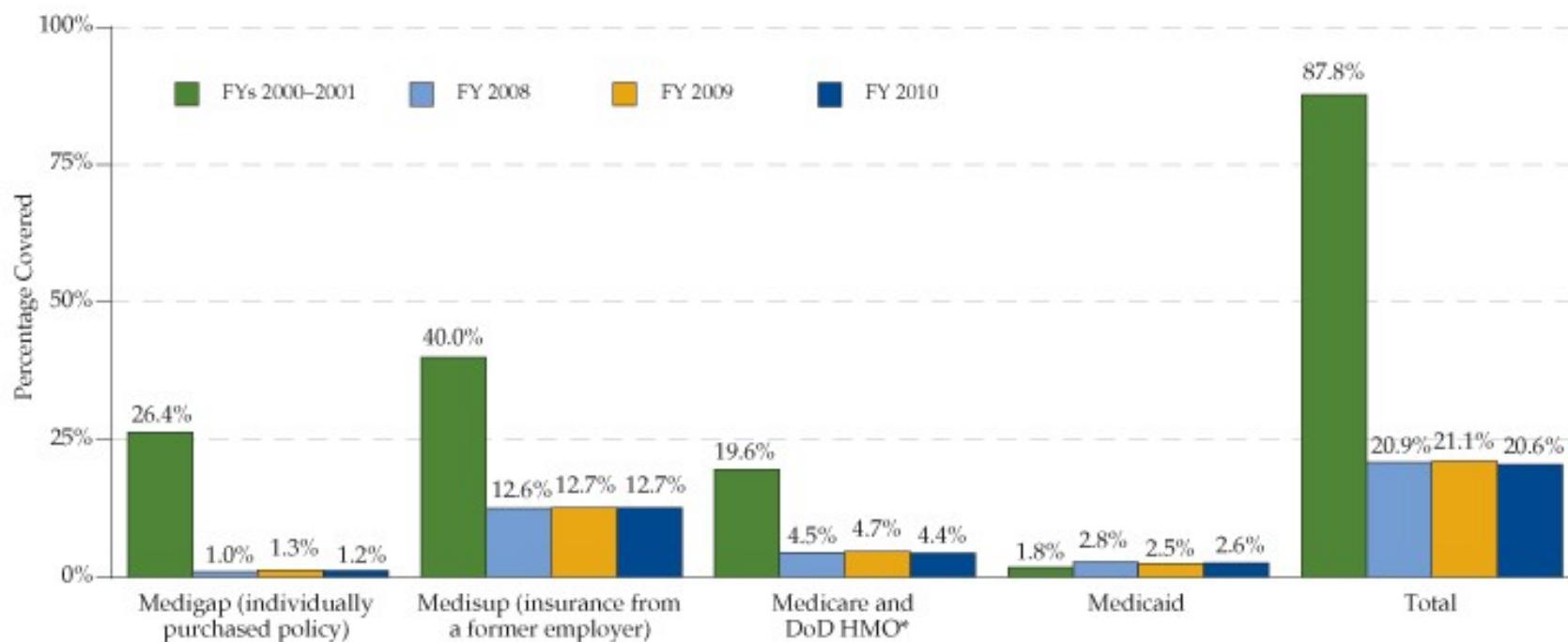
# Trends in TRICARE and Alternate Health Insurance Coverage, Age 65+ (HCSDB)



## 65+ (HCSDB)

**Beneficiaries 65+ reported dropping other health insurance the year after TRICARE for Life and senior pharmacy program began in FY 2001**

MEDICARE SUPPLEMENTAL INSURANCE COVERAGE OF MHS SENIORS



Source: 2000-2001 and FYs 2008-2010 Health Care Surveys of DoD Beneficiaries.

\* Insurance coverage for DoD HMOs includes TRICARE Senior Prime (until December 2001) and the Uniformed Services Family Health Plan.



# Survey (TRISS)

- **Purpose:** Assesses beneficiary satisfaction with beneficiaries' inpatient care experience for medical, surgical and obstetric services
- **Data:** Satisfaction percentages are calculated using weighted data. Weighting accounts for mail survey design, and non-response.
- **Frequency:** “**Before Jan 2011**” Mail survey fielded annually ; Telephone survey fielded quarterly
- **Annual Sample Size:** “**Before Jan 2011**” ~45,000 (mail survey); ~620 (phone survey)
- **Mode:** Mail and phone



# Survey (TRISS)

- Results based on Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)
  - National benchmarks are available for HCAHPS
- Composites
  - Communication with Nurses
  - Communication with Doctors
  - Communication about Medications
  - Responsiveness of Hospital Staff
  - Discharge Information
  - Pain Control

# TRIIS Course of Action begins Jan 2011

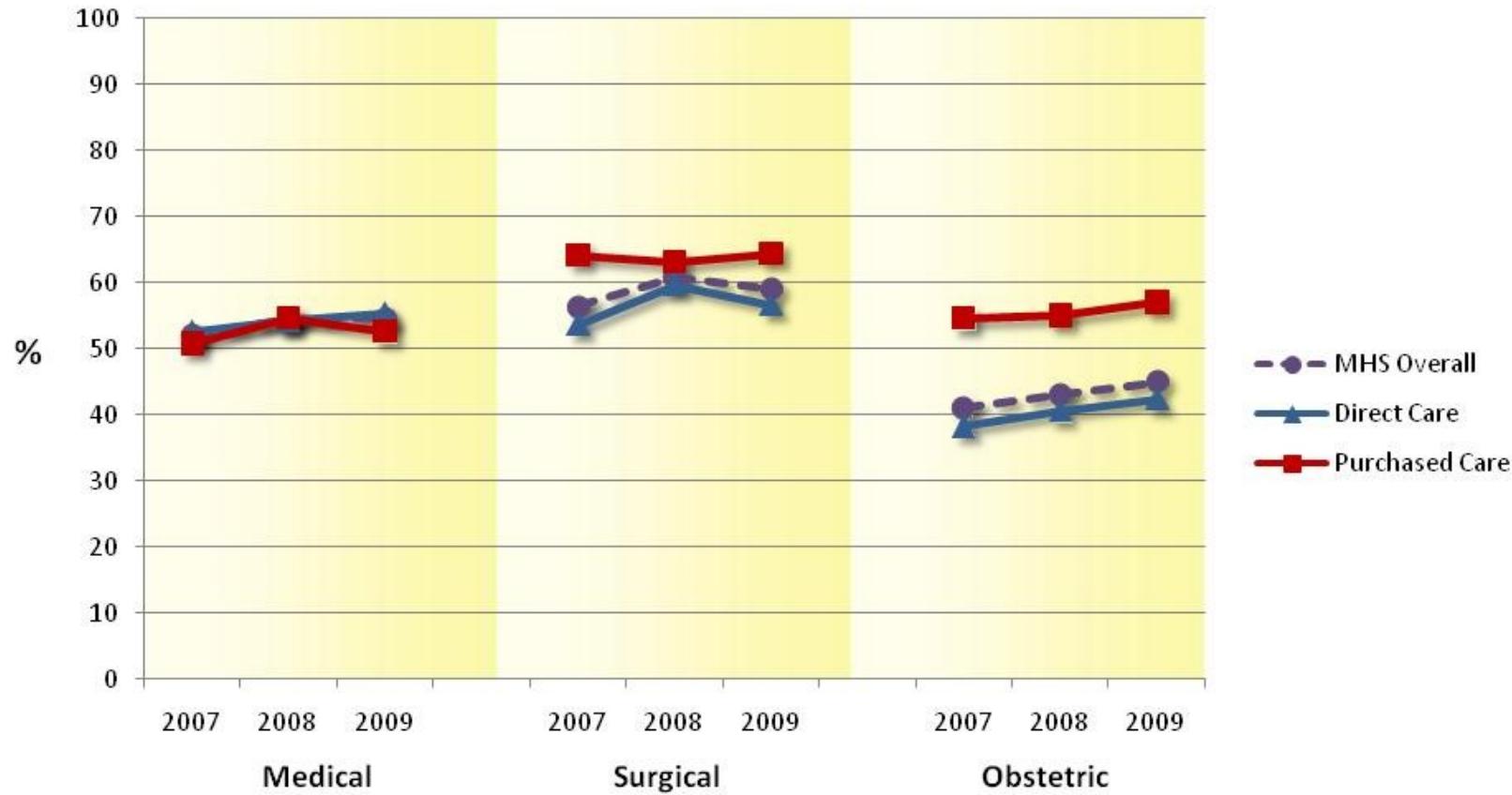


- Improve all aspects of survey time-frame
  - The mail survey is fielded monthly to ~168,000 MHS beneficiaries who have had an inpatient stay.
  - New improvements include changes in:
    - Survey fielding
    - Reporting
    - Mode
- Improvements to the TRISS questionnaire
  - Decrease in length
  - Revising Questions
  - Combination of HCAHPS and DoD questions

# Rating of Hospital “Prime enrollees”



TRISS Rating of Hospital

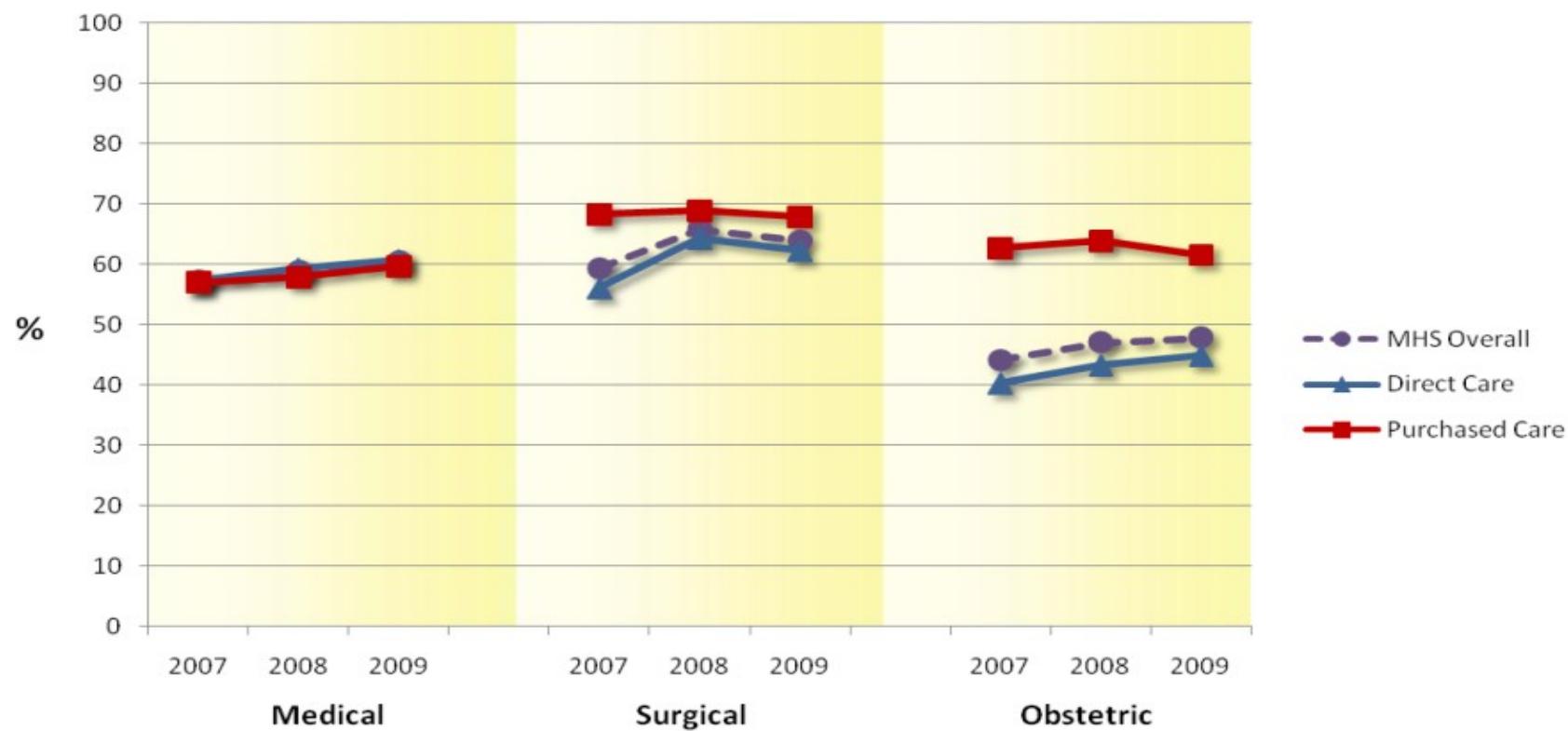


***Obstetrics Direct Care ratings and recommendations of hospital are 20 percent lower than Purchased Care***

# Williness to Recommend Hospital among “Prime enrollees”



## TRISS Recommendation of Hospital



*Obstetrics Direct Care ratings and recommendations of hospital are 20 percent lower than Purchased Care*

# HCAHPS and TRISS questions



## **RATE HOSPITAL 0-10**

**Rating Scale: 9-10**

## **RECOMMEND THIS HOSPITAL**

**Rating Scale: Definitely yes**

## **COMMUNICATION W/ NURSES**

**Rating Scale: Always**

Nurses treat with courtesy/respect

Nurses listen carefully to you

Nurses explained things in way you understand

## **RESPONSIVENESS OF HOSP STAFF**

**Rating Scale: Always**

Never pressed call button

Call button help soon as wanted it

Need help with bathroom/using bedpan

Help toileting soon as you wanted

## **COMMUNICATION W/ DOCTORS**

**Rating Scale: Always**

Doctors treat with courtesy/respect

Doctors listen carefully to you

Doctors explained things in way you understand

## **HOSPITAL ENVIRONMENT**

**Rating Scale: Always**

Room and bathroom kept clean

Area around room quiet at night

## **PAIN MANAGEMENT**

**Rating Scale: Always**

Need medicine for pain

Pain well controlled

Staff do everything help with pain

## **COMMUNICATION RE: MEDICINES**

**Rating Scale: Always**

Given medicine had not taken before

Tell you what new medicine was for

Staff describe medicine side effect

## **DISCHARGE INFORMATION**

**Rating Scale: Yes**

Left hospital- destination

Staff talk about help when you left

Info re: symptoms/problems to look for

# TRIIS Current Findings/ Way Forward



- Current Findings:
  - Direct Care obstetric ratings significantly lower than the benchmark for all services
  - Three of the top 5 categories of negative written comments (on survey)
    - Pain management, Postpartum care, Staff attitudes
- Way Forward:
  - Implement revised methodology to produce more timely and relevant results

# Satisfaction Survey (TROSS)

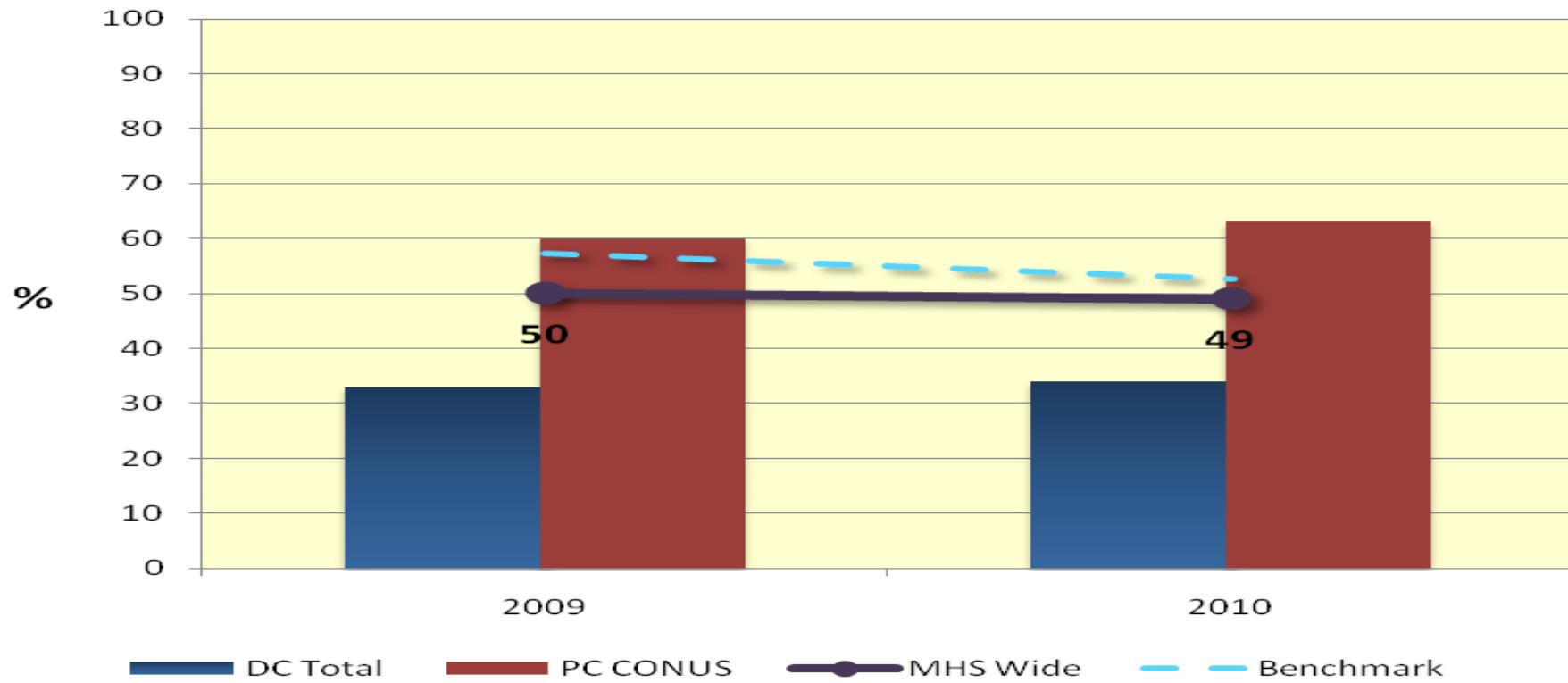


- **Purpose:** To assess the ambulatory care experiences of MHS beneficiaries who received care at an MTF or a civilian network provider.
- **Survey Instrument:** DoD specific & Clinician and Group CAHPS questions
  - Global indicators of satisfaction,-overall rating of health care, provider and health plan (scale 0-10, 10=best).
  - Composites (questions that focus on specific area)
    - Access to Care, Communication with Doctor, Office Staff and Mental Health
  - Civilian benchmarks are from Synovate's Consumer Opinion Panel
- **Mode:** 512K surveys mailed annually( 55 questions), 15,000 phone surveys (20 questions)
- **Response rates:** DC 16%, PC 28%

# Key indicator of satisfaction: overall rating of satisfaction with health care 2009 & 2010



## Satisfaction with Health Care



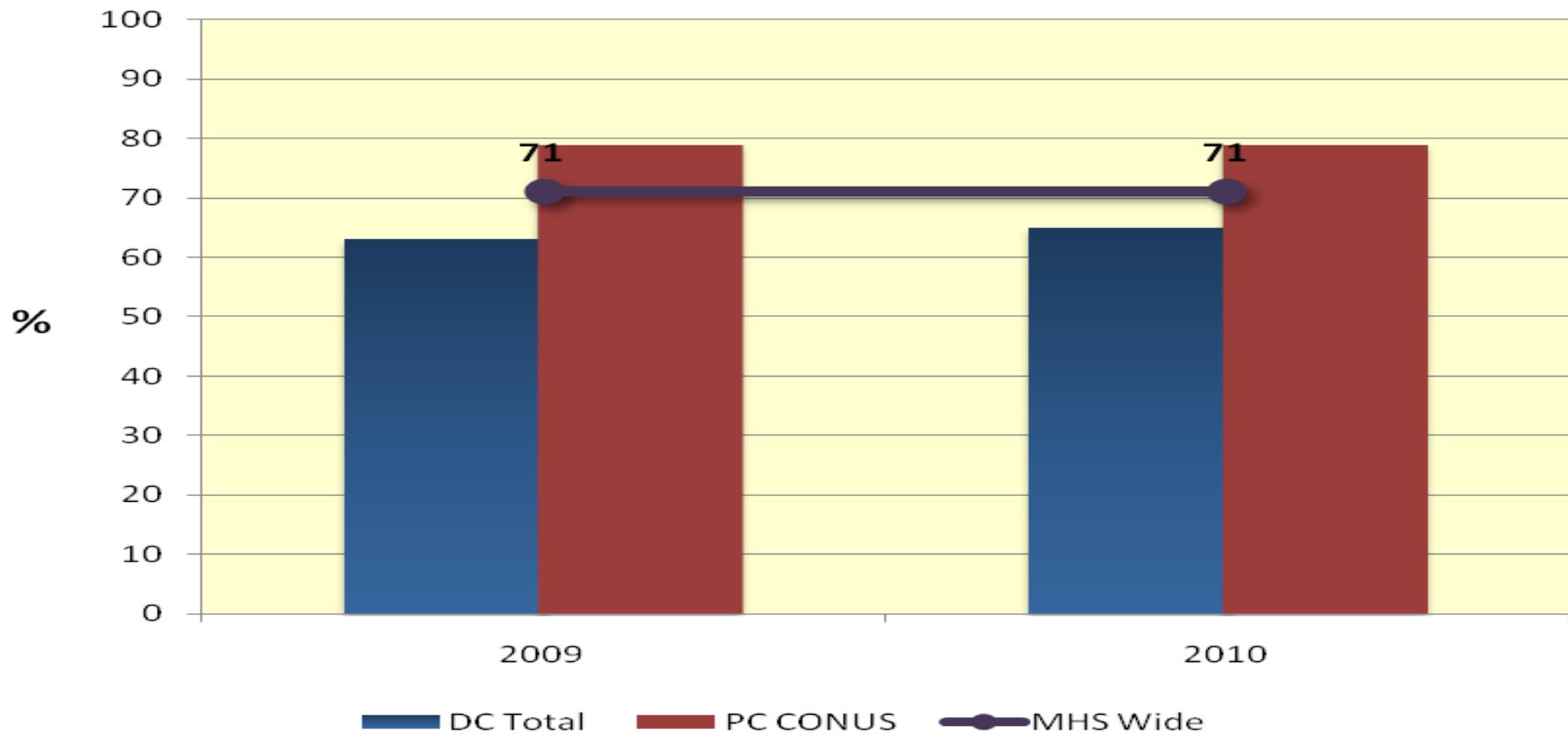
**Direct Care satisfaction ratings are lower than Purchased Care, with no significant change past two years.**

Scale 0-10 (10=Best)

# Key indicator of satisfaction: overall rating of satisfaction with health plan 2009 & 2010



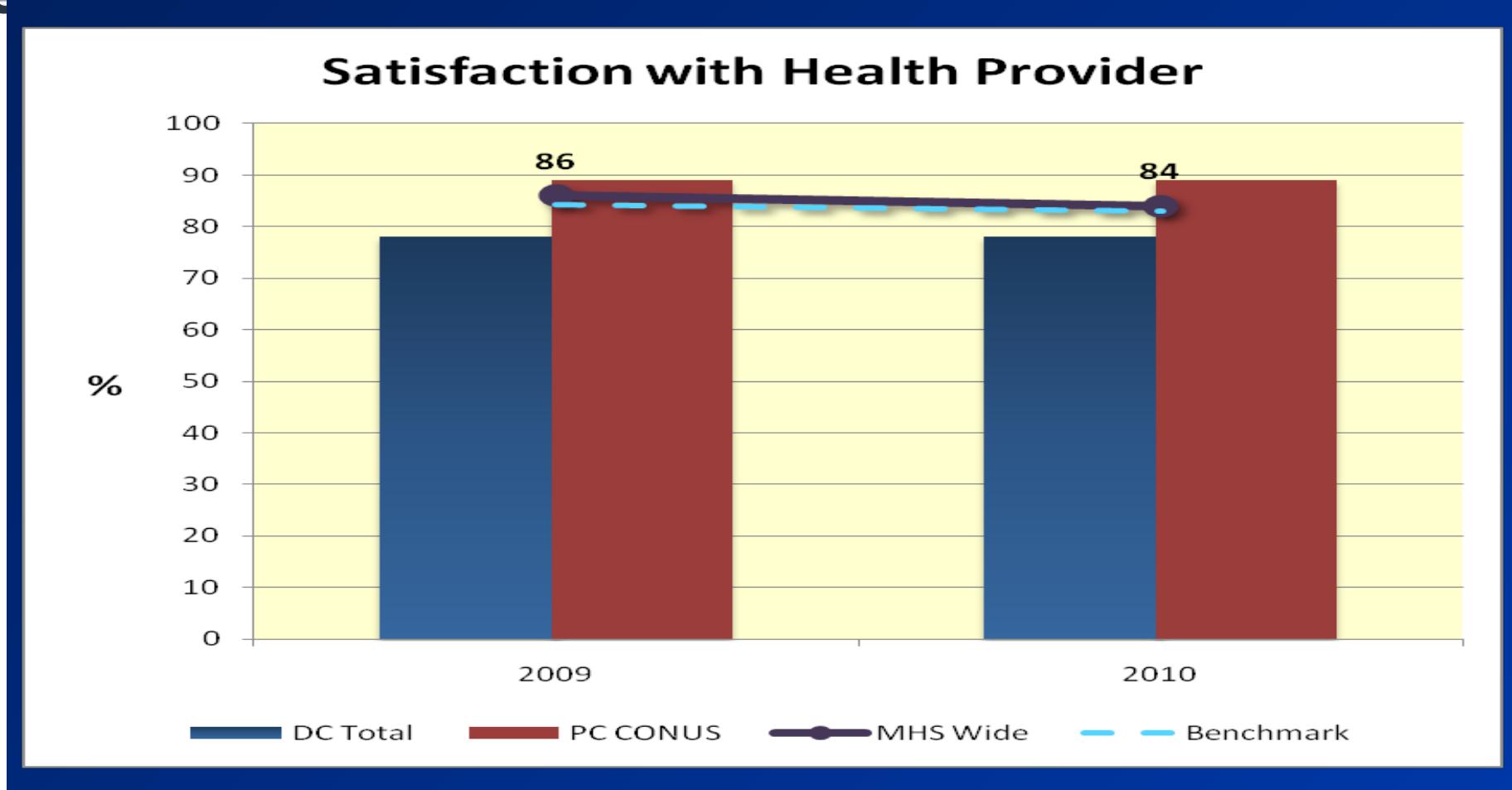
## Satisfaction with Health Plan



**Direct Care increasing slightly**



# Key indicator of satisfaction: overall rating of satisfaction with provider 2009 & 2010

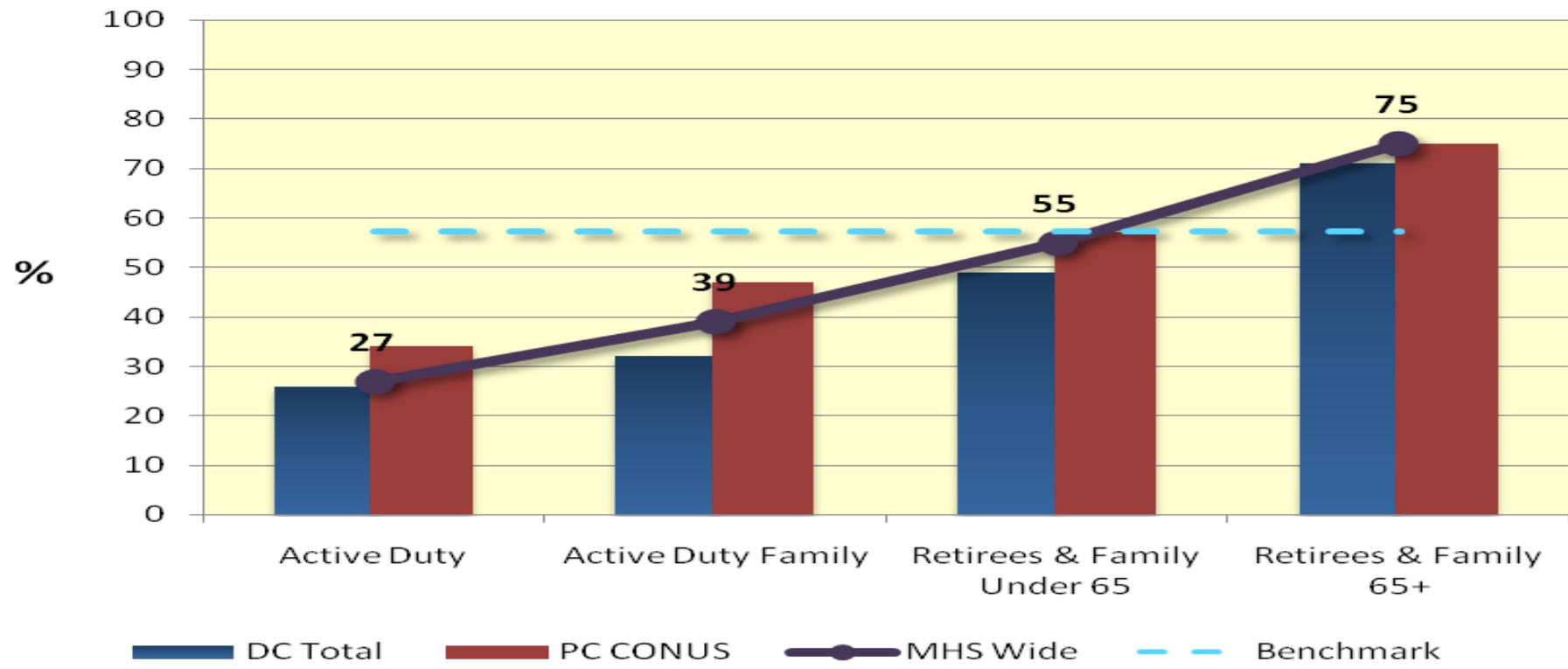


urchased Care ratings are higher than Direct Care

# Key indicator of satisfaction: overall rating of satisfaction with health care



## Satisfaction with Health Care By Beneficiary Category (2010)



*A similar pattern in beneficiary responses was found for all key indicators of satisfaction*



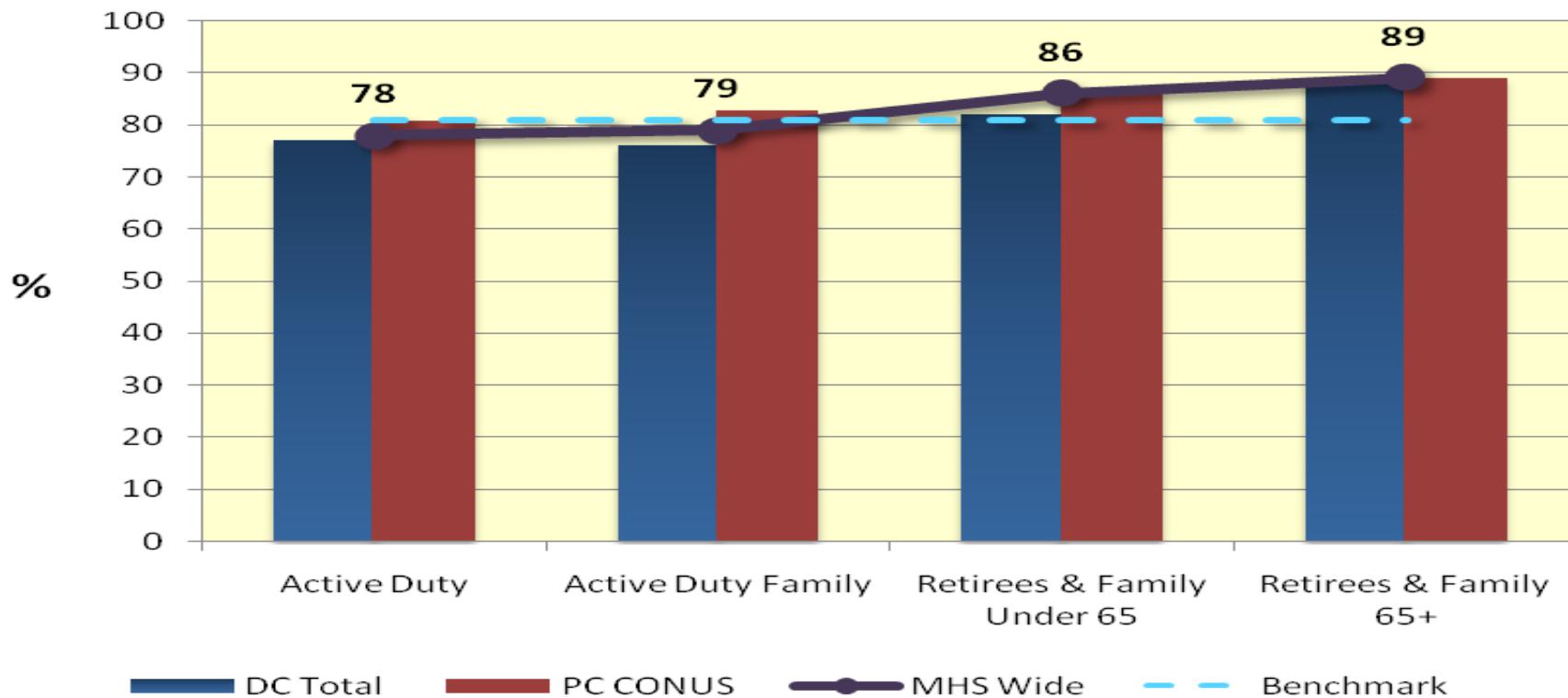
# Predicators of satisfaction

- Composites are questions that focus on specific area.
- TROSS Composites
  - Access to Care (timely appointment for routine care; got answer after hours)
  - Doctor Communication (provider knew important medical history)
  - Office Staff (treated with courtesy)
  - Mental Health (access to mental health care)

# Composite indicators of satisfaction



**Doctor Communication By Beneficiary Category (2010)**



*A similar pattern in beneficiary responses was found for all Composite questions*

# TROSS Drivers of Satisfaction with Health Care: All TRICARE Enrollees by Beneficiary Category (Direct Care)



2010 Rank	Active Duty	Active Duty Family Members	Retirees & Dependents < 65	Retirees & Dependents 65+
1	Doctor Communication	Doctor Communication	Doctor Communication	Doctor Communication
2	Office Staff	Office Staff	Office Staff	Office Staff
3	Access to Care	Access to Care	Mental Health*	Mental Health*

***Doctor Communication remains the top driver of beneficiary satisfaction***

# TROSS Drivers of Satisfaction with Health Care: All TRICARE Enrollees by Beneficiary Category (Purchased Care)



2010 Rank	Active Duty	Active Duty Family Members	Retirees & Dependents < 65	Retirees & Dependents 65+
1	Mental Health	Doctor Communication	Doctor Communication	Doctor Communication
2	Doctor Communication	Office Staff	Office Staff	Office Staff
3	Office Staff	Access to Care	Access to Care	Mental Health*

***Doctor Communication remains the top driver of beneficiary satisfaction***

# TROSS Summary



- Additional analysis was conducted September 2010 targeting the Active Duty population to better assess drivers of satisfaction as this population is generally less satisfied across all questions
- Less satisfied AD include:
  - Females
  - Younger ages (18-24)
  - Lower ranks

# TROSS Summary



- Key areas of dissatisfaction for AD compared to civilian
  - Access to Care (Timely Appt, Answer After Hours, Answer Same Day, Saw Provider Quickly, Appt for Urgent Care)
  - Doctor Communication (Provider Knew Medical History)
  - Office Staff (Treated with Courtesy)

# Overall Comparison of Survey Results



- The results of similar questions from three active surveys of MHS beneficiaries were compared
  - TROSS (TRICARE Outpatient Satisfaction Survey)
  - TRISS (TRICARE Inpatient Satisfaction Survey)
  - HCSDB (Health Care Survey of DoD Beneficiaries)
- Drivers of satisfaction were also compared for PRIME enrollees and Active Duty service members using logistic regression methods

# Drivers of Satisfaction

## “Direct Care” Prime

### Enrollees



	HCSDB	TROSS	TRISS MED	TRISS Surg	TRISS OB
1	Doctor Communication	Office Staff	Family and friends	Doctor Communication	Nurse Communication
2	Getting Care Quickly	Doctor Communication	Pain control	Communication about Medicine	Family and friends
3	Getting Needed Care	Access to Care	Staff response	Discharge info	Doctor Communication

***Overall - Doctor and Nurse***

***Communication top drivers of***

# Drivers of Satisfaction

## “Purchased Care” Prime Enrollees



	HCSDB	TROSS	TRISS MED	TRISS Surg	TRISS OB
1	Doctor Communication	Doctor Communication	Family and friends	Family and friends	Nurse Communication
2	Getting Needed Care	Office Staff	Staff response	Pain control	Clean environment
3	Getting Care Quickly	Mental Health	Doctor Communication	Clean environment	Pain control

**(Doctor and Nurse)**

**Communication top driver**

# Conclusions



- Throughout the surveys, satisfaction with Purchased Care was generally higher than satisfaction with Direct Care.
- The major drivers of satisfaction among MHS beneficiaries across all three surveys was staff communication

# Recommendations



- Engaged front-line staff – embrace service excellence
- Provide training sessions within healthcare facilities to improve staff communication with patients
- Provide survey results to accountable units
- Increase transparency
- Spread successful practices



# Questions?

If you have any further questions, please contact:

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